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POSITION PAPER ON CCO CARE COORDINATION AND CAS ASSESSMENT INITIATIVES

The Office for People with Developmental Disabilities (OPWDD) as part of its drive to impose Managed Care upon people with I/DD who receive services reimbursed by Medicaid is attempting to replace the current system of Medicaid Service Coordination with a new system called People First Care Coordination based upon a Medicaid Service called Health Home Care Management. According to OPWDD, Health Home Care Management services will be coordinated by Care Coordination Organizations (CCOs) and will “provide the service coordination that people with developmental disabilities currently receive, but will also integrate coordination of other services, such as health care, wellness, behavioral, and mental health services through a single individualized Life Plan for each member.”

At the same time, OPWDD is determined to replace the current well-developed Developmental Disabilities Profile (DDP-2) with an unproven assessment system called the Coordinated Assessment System (CAS) based upon the proprietary InterRAI assessment tool.

For the reasons stated below, GROW calls OPWDD and DOH to postpone the CCO and CAS and for state legislators to refuse to fund these initiatives and reject any implementing legislation.

With respect to the CCO/Health Home implementation, confusion reigns. The well-established system of Medicaid Service Coordination (MSC) has been turned on its head and MSC's, self-advocates and families have been left with more questions than answers. The July 1, 2018 implementation date is wholly unrealistic and seems geared more to political considerations than any concern for the developmentally disabled.

The complaints by families, providers, MSCs and others with respect to CCO implementation are legion and while GROW's agrees with those who question the manner and pace of this project; our concerns are more fundamental.

- First, Contrary to OPWDD's and DOH's suggestions, there was and is no support among stakeholders for eliminating the existing MSC system. Reform, maybe. Elimination, no.
- Second, by forcing all coordination services into these huge, bureaucratic behemoths, choice is reduced and long-standing existing relationships are broken.

- Third, stakeholders have not represented that they wanted a “super” MSC to coordinate all their health care and DD services. Stakeholders should have the right to determine how they have their services coordinated.
- Fourth, an inordinate amount of funds (at a minimum we believe this year’s budget request begins at \$38 million) are being dedicated to the computer and staffing linkages necessary to create this new bureaucratic hydra without any cost-saving justification nor any improvement in care.

With respect to the CAS, from the beginning in 2012-2013 GROW expressed doubts, now sadly coming to fruition, about the new tool.

- First, the InterRAI-DD upon which the CAS is based has NEVER been used to assess and determine the services to be provided to individuals with developmental disabilities. New York was the first state to adopt this tool for this purpose and as of now we believe that only two other states (Arkansas and Texas) may use it in some fashion. Our loved ones should not be used as guinea pigs in a life and death experiment.
- Second, OPWDD/DOH fully admits that the CAS was chosen not because of its benefits to the developmentally disabled but because it worked with the other tools DOH uses for the rehabilitation, as opposed to habilitation, services it oversees.
- Third, not only has OPWDD/DOH failed to promulgate clear guidelines on how the assessment is to be noticed and conducted, it has also failed to disclose how the assessment is to be used and what the appeals process is. This failure is compounded by the use of a contractor to administer the assessment.
- Fourth, the CAS fails to capture the diversity of individuals with developmental disabilities. No one assessment tool can capture all facets of developmental disabilities just as no one medical test can diagnose all forms of disease.

GROW understands that some in our community feel disempowered and that the current trajectory of the CCO and CAS is set in stone. GROW does not agree as our advocacy is based upon the empowerment of persons with developmental disabilities and their families. The HCBS waiver authority has been continually amended by DOH and it can be amended again in the service of benefiting the developmentally disabled. Our families from the beginning have expressed misgiving about these projects but we waited to see whether there was any benefit to our loved ones. We now see there is no benefit and in fact services are being placed in jeopardy. We therefore request our leaders join with us to redirect the State’s energies towards a path that is more productive in benefitting our loved ones.

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